

Abstract 259

TITLE: Four Years of School-Based STD

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OBJECTIVES: To describe findings from chlamydia and gonorrhea screening in inner city schools.

METHODS: All students in selected public high schools, regardless of symptoms or sexual behavior, were offered testing using urine LCR. Over four years the STD screening program expanded from three to 12 public high schools with a total enrollment of 13,000. Reimbursement for laboratory services from insurance, including Medicaid, was sought.

RESULTS: Among students available for two of the four years 89% were tested at least once. Through January 1999, in two schools who received six STD screenings over four years, the prevalence of chlamydia declined among females from 10.9% (37/339) in 1995-96 to 6.4% (32/500) in 1998-99 ($p=.06$, chi-square for linear trend) and among boys from 5.5% (22/397) to 3.7% (20/538; $p<.05$). In three schools that received annual testing for two years and that had a participation rate of 52% each year, the chlamydia prevalence among females declined from 13.2% (112/851) to 10.9% (91/832; $p=.03$) and did not show a significant change among males (from 6.8% [52/766] to 6.3% [51/814; $p=NS$]). Gonorrhea rates did not decline (baseline 2.3% for females, 0.5% for males). Medicaid reimbursement was received for 25% of students tested.

CONCLUSIONS: School-based testing in an urban environment has a high yield in neighborhood public schools. Repeated testing over several years is associated with a decline in prevalence in chlamydia. Results through 1998-99 from all 12 schools will be presented. The increase in insurance coverage for youth at risk may provide sufficient reimbursement to make school-based screening programs replicable in a variety of localities.

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